(Rev. July 1987)

Department of the Treasury Internal Revenue Service

Short Form Application for Determination for Employee Benefit Plan

(Other than Collectively Bargained Plans)

(Under sections 401(a) and 501(a) of the Internal Revenue Code)

OMB No. 1545-0200 Expires 5-31-90

For IRS Use Only

File folder number > Case number ▶

| Church and governmental plans not subject to ERISA need not complete items 16, 17, 18, 19, and 20. |
|--|
| All other plans must complete all items except as indicated on the specific lines. For example, if you answer "No" to line 16a(i), you need not complete lines |
| 16a(ii) and (iii) since they require responses only if you answer "Yes" to line 16a(i). "N/A" is only an acceptable answer if an N/A block is provided. All |

applications are now computer screened; therefore, it is important that you provide all the information requested and have the application signed by the employer, plan administrator, or authorized representative. Otherwise, we may need to correspond with you or return your application for completion, which will delay its processing 1 a Name, address, and ZIP code of sponsor (employer if single employer plan) 2 a Employer identification number b Employer's tax year ends Telephone number ► (□ N/A 3 Name, address, ZIP code, and phone number of person to be contacted if more information is needed. (See Specific Instructions.) (If same as 1a, enter "same as 1a.") Name ▶ _______ Telephone number ▶ () Address ► 4 Determination requested for—(Check applicable box): a (i) ☐ Initial qualification—date plan adopted ▶ (ii) ☐ Amendment—date adopted ► (iii) If (ii) is checked, enter file folder number ▶ **5** Check appropriate box to indicate the type of plan entity: d Church plan a Single employer plan **b** Plan of controlled group of corporations, common e Governmental plan control employers, or affiliated service group f ☐ Other (specify) ▶ c Multiple-employer plan **b** Plan number ▶ 6a Name of plan c Plan year ends 7 a This is a: **b** Letter serial number or notification letter number (i) Master or prototype plan (ii) Field prototype plan (iii) Uniform plan (see instructions) 8a Is this a defined benefit plan? \square Yes \square No—If "Yes," indicate whether: (iii)
Flat benefit (i) Unit benefit (iv) □ Other (specify) ► (ii)
Fixed benefit **b** Is this a defined contribution plan? \square Yes \square No—If "Yes," indicate whether: (iii) Stock bonus (i) Profit-sharing (ii) Money purchase Target benefit (i) If 8a (i), (ii), (iii), or (iv) is checked, is this a defined benefit plan covered under If 4a (ii) and 8b (i), (ii), (iii), or (iv) are checked and the plan was a defined the Pension Benefit Guaranty Corporation termination insurance program? benefit plan before the amendment, was the plan covered by the termination insurance program before the amendment? ☐ Yes ☐ No ☐ N/A ☐ Yes ☐ No ☐ Not determined 10 Effective date of amendment Effective date of plan 11 Date plan was communicated to employees > How communicated ▶ Type of funding entity: a 🗌 Trust **d** Trust with insurance contracts **b** Custodial account 14a Does plan provide for maximum limitation under section 415 (see instructions)? **b** Do you maintain any other qualified plan(s) (see instructions)?

Under penalties of perjury, I declare that I have examined this application, including accompanying statements, and to the best of my knowledge and belief it is true, correct,

Title ▶

_____ Title > ___

and complete.

Signature ▶ _

| | | (Rev. | | | | Page (|
|-----|--|------------|---|---------------|----------|---|
| 0 | f La | bor, t | e relating to this plan or trust currently pending before the Internal Revenue Service, the I he Pension Benefit Guaranty Corporation, or any court? | Depart · · | tment | 🗆 Yes 🗆 No |
| !! | Y (| es, a | attach explanation. | Yes | No | Not Certain |
| 6 - | (| 7A I | s the employer a member of an affiliated service group? | | | |
| - | ((| | If there is uncertainty whether the employer is a member of an affiliated service group, | | | |
| | | | check the "Not Certain" column. | | | |
| | (i | | If 16a(i) is "Yes" or "Not Certain," did a prior ruling or determination letter rule on | | | |
| | | | what organizations were members of the employer's affiliated service group? | 1 | | |
| | | | (See instructions.) | | | |
| | (ii | ii) | If 16a(ii) is "Yes," have the facts on which that letter was based materially changed? | | | |
| | • | | (See instructions.) | | ļ | |
| ŧ |) | s the | employer a member of a controlled group of corporations or a group of trades or | | 1 | |
| | t | busin | esses under common control? | <u> </u> | <u> </u> | Niconhau |
| | | | • | | | Number Enter "0" if N/A |
| | | | of plan at (give date) ▶ | | | Eliter O II N/A |
| - | | | employed | | • • | |
| | | Exclu | sions under plan because of (do not count an employee more than once): Minimum age (specify) ▶ □ N/A Years of service (specify) ▶ | | N/A | <i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i> |
| | | (i) ii) | Employees included in collective bargaining | | | |
| | • | יי iii) | Nonresident aliens who receive no earned income from United States sources | | | |
| | (1) | "") | Tromesident diletts with reserve the during mount from emission extremely and the second reserve the second | | | |
| | c . | Total | exclusions (add b(i) through (iii)) | | | |
| | d I | Empl | exclusions (add b(i) through (iii)) oyees not excluded under the statute (subtract c from a) ible under plan because of (do not count an employee included in b): | | | |
| | e | Inelia | ible under plan because of (do not count an employee included in b): | • • | , , | <i>\{\}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i> |
| | | | , and an plan account of (account of the plan account of the plan | | | |
| | (| (i) | Minimum pay (specify) ▶ | 🗆 | N/A | |
| | (| (ii) | Hourly-paid | | | |
| | (| iii) | Maximum age (specify) ▶ | 🗆 | N/A | |
| | | | | | NI /A | |
| | • | Ίν) | Other (specify) | | | |
| | | | employees ineligible (add e(i) through (iv)) | | | |
| - 1 | | • | loyees eligible to participate (subtract f from d) | | | li . |
| • | | | ent of nonexcluded employees who are participating (divide h by d) | • • | | |
| | | | e i is 70% or more, go to line I. | | | 7 |
| | | | ent of nonexcluded employees who are eligible to participate (divide g by d) · · · · | | % | <i></i> |
| | , k | Perc | ent of eligible employees who are participating (divide h by g) | | % | <i></i> |
| | | | nd j are less than 70%, or k is less than 80%, see instructions. | | | |
| | 1 | Tota | I number of participants, including certain retired and terminated employees (see instruct | ions) | <u></u> | |
| 18 | Ves | sting- | -Check only one of the boxes for the vesting provisions of the plan: | | | <i>VIIIIIIIIIIIIIIIIIIIIIIIIIIIII</i> |
| | а | | Full and immediate | | | V///////////////////////////////////// |
| | b | | Full vesting after 10 years of service (see instructions) | | | V///////////////////////////////////// |
| | C | | 5- to 15-year vesting, i.e., 25% after 5 years of service, 5% additional for each of the next | xt 5 ye | ars, | |
| | then 10% additional for each of the next 5 years (see instructions) d | | | | | V //////////////////////////////////// |
| | d | | | | | |
| | e | | For each year of employment, beginning with the 4th year, vesting not less than 40% after 4 | years | 01 | |
| | | F1 | service, 5% additional for each of the next 2 years, and 10% additional for each of the next 5 | years | | |
| | <u>†</u> | <u> </u> | Other (specify and see instructions) | | | |
| 19 | Co | | te only for a plan of more than one employer: In number of participants (including certain retired and terminated employees) | | | |
| | a | | ticipants whose benefits or accounts are fully vested | | | |

. □ Yes □ No

c Number of contributing employers

20 Is the plan sponsor an S Corporation? .